

653—21.4 (147,148,148C,272C,86GA,SF505) Specific minimum standards for appropriate supervision of a physician assistant by a physician. This rule establishing the minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa is hereby jointly adopted by the board of medicine and the board of physician assistants in accordance with 2015 Iowa Acts, Senate File 505, division XXXI, section 113.

21.4(1) Definitions.

“Remote medical site” means a medical clinic for ambulatory patients which is away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the remote medical site is open. *“Remote medical site”* will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility).

“Supervision” means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the physician assistant or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the physical presence of the supervising physician at the place where such services are rendered except insofar as the physical presence is expressly required by these rules or by Iowa Code chapter 148C.

21.4(2) Minimum standards. The following are minimum standards for appropriate supervision of a physician assistant by a physician in the state of Iowa:

a. Review of requirements. Before a physician can supervise a physician assistant practicing in Iowa, both the supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13, Iowa Code chapter 148C, this chapter, and 645—Chapters 326, 327, 328 and 329.

b. Face-to-face meetings. At least one supervising physician shall meet face-to-face with each physician assistant a minimum of twice annually. If the physician assistant is practicing at a remote site, both meetings shall be at the remote site. Each party shall ensure that the face-to-face meetings are documented. The meetings are for the purpose of discussing topics deemed appropriate by the physician or the physician assistant, including supervision requirements, assessment of education, training, skills, and experience, review of delegated services, and medical services provided by the physician assistant.

c. Assessment of education, training, skills, and experience. Each supervising physician and the physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team.

d. Communication. Each supervising physician and the physician assistant shall communicate and consult on medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient.

e. Chart reviews. Each supervising physician shall conduct and document an ongoing review of a representative sample of the physician assistant’s patient charts encompassing the scope of the physician assistant’s practice provided under the physician’s supervision and discuss the findings of the reviews with the physician assistant.

f. Delegated services. The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience to perform the delegated services prior to delegation.

g. Timely consultation. The supervising physician shall be available for timely consultation with the physician assistant, either in-person or by telephonic or other electronic means.

h. Alternate supervision. If the supervising physician will not be available for any reason, an alternate supervising physician will be available to ensure continuity of supervision. The physician will ensure the alternate supervising physician is available for a timely consult and will ensure the physician

assistant is notified of the means by which to reach the alternate supervising physician. The physician assistant shall not practice if supervision is not available.

i. Failure to supervise. Failure to adequately direct and supervise a physician assistant or failure to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code chapter 148C, Iowa Code section 148.13, and 645—Chapters 326, 327, 328 and 329 may be grounds for disciplinary action for both the physician and the physician assistant.

21.4(3) Amendment. Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be amended by agreement of the board of medicine and the board of physician assistants through a joint rule-making process. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

21.4(4) Joint waiver or variance. Rule 653—21.4(147,148,148C,272C,86GA,SF505) may only be waived upon approval by both the board of medicine and the board of physician assistants pursuant to 653—Chapter 3 and 645—Chapter 18, Iowa Code section 17A.9A, or any other provision of law. This subrule is effective on June 15, 2016, or upon adoption of an identical subrule by the board of physician assistants, whichever is later.

[ARC 2532C, IAB 5/11/16, effective 6/15/16]